

Children's Bureau Child and Family Services Reviews Consultant Profile Form

June 2002

(Please Type or Print Legibly)

Identifying Information		
First Name	Middle Name/Initial	Last Name
Home Address (Street):		
City:	State:	ZIP Code:
Home Phone: ()	Cellular Phone: ()	
Organization:		
Title:		
Work Address (Street):		
City:	State:	ZIP Code:
Business Phone: () Ext.:	Facsimile: ()	
E-mail Address:	Internet Home Page:	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Emergency Contact Name:	Relationship:	
Emergency Contact Daytime Phone:	Emergency Contact Evening Phone:	
Emergency Contact Cellular Phone:		
The information below is for payment purposes only and is accessible only by project staff.		
Social Security Number:	Federal Tax ID Number (if applicable):	

Ethnicity/Race				
The checklist below includes Federal race and ethnic classifications as defined by the Office of Management and Budget. Responding to this section of the profile is voluntary. Please note that this information will be used solely to ensure the diversity of the child and family services review teams. Check one category under ethnicity and all that may apply under the race category:				
Ethnicity		Race		
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White		
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian or Alaska Native		
		<input type="checkbox"/> Asian		
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
		<input type="checkbox"/> Unknown		
Gender				
<input type="checkbox"/> Female		<input type="checkbox"/> Male		
Language Fluency				
Please indicate your ability to fluently read, speak, or write any of the languages listed below. (Please check all that apply.)				
Language	Read	Speak	Write	
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Licenses and Accreditations			
Please specify in 250 characters or less.			
Education			
Please indicate your completed level of education in the following fields. Check all that apply.			
Field	Degree		
	Bachelor's	Master's	Ph.D.
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in 50 characters or less):			
Experience			
From the following list, please specify the two areas in which you have the most demonstrated substantive experience. Then check the type(s) of experience you have in each area.			
Adoption Child Protective Services Domestic Violence Family Preservation Family Support Foster Care Independent Living Services		Kinship Care Licensor of Foster and Adoptive Homes Mental Health Residential Care Substance Abuse Quality Assurance	
Areas of Experience	Type(s) of Experience		
Please specify only two areas from the list above.	Check all that apply.		
1.	1. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management		
2.	2. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management		

Skills	
Please indicate the areas in which you have demonstrated skills. Check all that apply. If you do not have demonstrated skills in a particular area, please leave the box blank.	
<input type="checkbox"/> Interviewing children and families engaged in child welfare services	<input type="checkbox"/> Conducting assessments of program/agency documentation
<input type="checkbox"/> Conducting reviews of child welfare services	<input type="checkbox"/> Facilitating group process
<input type="checkbox"/> Interviewing community stakeholders, (including child welfare professionals)	<input type="checkbox"/> Participating as a State Team Member in a child and family services review
Travel	
Please indicate your travel availability.	
<input type="checkbox"/> Willing and able to travel to other States to participate in week-long child and family services reviews	
Special Travel Needs	
Please specify special travel needs, including accommodations and dietary needs.	
Special Skills	
Please describe any special skills or experience that you bring to the review process (in 250 characters or less, for example, experience in working with special populations or working on child welfare agency quality assurance teams).	
Professional Biography	
Please insert below a brief one-paragraph professional biography (please do not include personal information).	

Referral Information

Who referred you to inquire about serving as a consultant? Please provide the referrer's name and telephone number.

Referred by: (Please check one.)

- ☐ Self _____
- ☐ Children's Bureau _____
- ☐ ACF Regional Office _____
- ☐ National Resource Center _____
- ☐ National Child Welfare Organization _____
- ☐ State Child Welfare Agency _____
- ☐ Other (please specify in 50 characters or less): _____

Telephone Number: _____

Recommendations of Potential Peer Reviewers

Please list any individuals, along with their addresses and telephone numbers, whom you recommend that we contact for consideration as a consultant reviewer for the child and family services reviews.

Name: _____

Organization: _____

Address: _____

Telephone: _____

E-mail: _____

Name: _____

Organization: _____

Address: _____

Telephone: _____

E-mail: _____

Name: _____

Organization: _____

Address: _____

Telephone: _____

E-mail: _____

Materials To Submit

Please submit the following materials by mail to the Child Welfare Review Project at the address shown below:

- Consultant Reviewer Profile
- Resume
- One-paragraph Professional Biography

Child Welfare Review Project
c/o Johnson, Bassin & Shaw, Inc.
8630 Fenton Street, 12th Floor
Silver Spring, Maryland 20910